



Innovation:

Crisis
Intervention
Teams

Background: In the aftermath of a tragic incident that resulted in a police officer killing a young man exhibiting signs of mental illness, in 1988 Memphis' mayor created a task force to address community and police responses to mental illness.¹ His goal was to implement policies aimed at improving safety for people with mental illness, their families and police officers. The Memphis Police Department joined with mental health organizations, hospitals, families of people with mentally illness, The University of Tennessee Medical Center and the University of Memphis to create a specialized unit on their force, called the Crisis Intervention Team (CIT).² The CIT program is a partnership between law enforcement and the community, and endeavors to change the way people with mental illness are treated.

How it Works: The CIT is a special unit of the police department made up entirely of police officers who voluntarily join the CIT, in addition to performing their regular patrol duties. Officers in the program undergo 40 hours of specialized training in verbal de-escalation, "didactical" mental health training, and work with mental health staff to fully understand mental illness and see the human side of people in crisis.³ They practice role playing and actively engage with people with mental illness to develop a true sense

of who these people are and the issues they face. More than just a training program, people on the Crisis Intervention Team learn to see the people behind mental illness and the need for more appropriate treatment.

CIT officers are the "first responders" to situations involving people with mental illness. Officers wear special pins above their uniform nameplates that identify them as CIT officers, and they are in charge when they arrive at the scene.

When the program started, CIT officers would take people experiencing a crisis to the University of Tennessee Medical Center for triage and

treatment rather than jail. Today, officers drop people off at a 24-hour Crisis Assessment Center located two blocks from the hospital. At this community mental health center clients receive five levels of service: evaluation, social detoxification, crisis stabilization (a voluntary program where people can stay for 2-3 days until they are ready to return to the community or other options), mobile crisis team station, or are connected to community respite care. These Centers help people through

the immediate crisis and help them access community services as needed. The program works as pre-jail diversion by re-routing people from jail to these Centers where they can get the services they need.

Results:

- *Fewer injuries to officers.* In the three years before implementing the CIT program the rate of injuries to officers responding to "mental disturbance calls" was 0.035 per

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1,000 events (one in 28,571 events). In the three years following program implementation, this rate decreased to 0.007 per 1,000 events (one in 142,857 events).⁴ In other words, Memphis Police saw an 80 percent drop in injuries to officers responding to mental illness calls.

- *Fewer SWAT calls.* The number of Tactical Apprehension Containment Team (TACT, similar to SWAT) calls in the Memphis Police Department fell by nearly 50 percent since the implementation of the CIT program.⁵
- *Fewer arrests.* The CIT program had only a 2 percent arrest rate with cases receiving specialized response.⁶
- *More referrals to mental health treatment.* During its first four years, the rate of referrals by law enforcement officers to the regional psychiatric emergency service increased by 42 percent.⁷

Challenges: Changing attitudes around what it means to be mentally ill and the behaviors and needs of people with mental illness continues to be a challenge in Memphis and other jurisdictions. Recognizing the need for appropriate responses to people with mental illness who may come into contact with the law is an important step to working toward more fair and effective methods of working with people with mental illness. Training classes for police are not enough. States and localities that implement these programs should ensure that they are also appropriating funds for adequate mental health care in the community so that people are receiving the services they need and do not come into conflict with the law in the first place.

Policy Implications: CIT is considered to be the most rapidly expanding and promising program that partners law enforcement with mental health professionals; around 10 percent of the nation's police force has undergone some form of the Crisis Intervention Team training.⁸

The core aspects of CIT have been duplicated and implemented in several cities and counties, including Albuquerque, New Mexico; Portland, Oregon; Seattle, Washington; and others.

- In 2008 the state of Ohio had 1,831 CIT trained officers and Georgia had 1,440 CIT trained officers with a goal to train more.⁹
- The Oklahoma Department of Corrections has adapted CIT into their policing and has even modified and expanded the program to be implemented with correctional staff inside facilities as well as with probation and parole officers.¹⁰
- San Francisco recently approved a plan to have 25 percent of their police officers trained as Crisis Intervention Team members.¹¹

The CIT program has also been discussed to be expanded to include education on the early suicide predictors of police officers. Police officers kill themselves 3 times more than they are killed by others, placing fellow officers with the expanded CIT training in the unique position to identify warning signs.¹² Additionally, Chicago has developed and implemented an add-on CIT training to address issues of veterans such as the symptoms of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).¹³

For more information on Crisis Intervention Teams, please visit:

<http://cit.memphis.edu/TechAssistance.php>

¹ Personal Interview with Memphis Police Department's Major Sam Cochran, May 18, 2011.

² Memphis Police, "Crisis Intervention Team," February 2011. www.memphispolice.org/crisis%20intervention.html

³ Personal Interview with Memphis Police Department's Major Sam Cochran, May 18, 2011.

⁴ Randy Dupont and Sam Cochran, "Police response to mental health emergencies—Barriers to change," *Journal of the American Academy of Psychiatry and the Law* 28, no. 3 (2000): 338–344; cited in Melissa Reuland, Matthew Schwarzfeld, Laura Draper, *Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed*

Policy and Practice (New York, New York: Council of State Governments Justice Center, 2009)

⁵ Randy Dupont and Sam Cochran, 2000

⁶ Henry Steadman, Martha Williams Deane, Randy Borum, Joseph Morrissey, "Comparing Outcomes of Major Models of Police Responses to Mental Health Emergencies," *Psychiatric Services* 51, (2000): 645-649

⁷ Randy Dupont and Sam Cochran, 2000

⁸ Ed Sanow, "Use CIT Two Ways," *Law and Order*, May 2008.

⁹ Michael T. Compton, Masuma Bahora, Amy C. Watson and Janet R. Oliva, "A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs," *American Academy of Psychiatry and the Law Online* 36, no. 1 (2008): 47-55.

¹⁰ Jay Hodges, "Crisis Intervention Teams Adapted to Correctional Population," *Corrections Today* 72, Issue 5 (2010): 106-107.

¹¹ John Wildermuth, "Police to receive help on dealing with mentally ill," *San Francisco Chronicle*, February 14, 2011.

¹² Ed Sanow, May 2008.

¹³ "Chicago begins specialized veterans CIT program," National Alliance on Mental Illness, Accessed May 2011. www.nami.org/Template.cfm?Section=CIT&Template=/ContentManagement/ContentDisplay.cfm&ContentID=94839